

EXPRESS MAIL NO. EV449559670US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	09/872,539
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Art Unit	2154
Examiner Name	Mohammad A. Siddiqi
Attorney Docket No.	700135.430

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Applicant Initiated Interview</u> <u>Request Form</u>
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Timothy L. Boller		
Date	February 22, 2005	Reg. No.	47,435

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	***SENT VIA EXPRESS MAIL***		
Typed or printed name		Date:	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

555633_1.DOC

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

Complete if Known

Application Number	09/872,539
Filing Date	June 1, 2001
First Named Inventor	Mitchell T. Berg
Examiner Name	Mohammad A. Siddiqi
Art Unit	2154
Attorney Docket No.	700135.430

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**2630**

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
<u>44</u>	-20 or HP = <u>24</u>	X <u>50</u>	= <u>1200</u>	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>7</u>	-3 or HP = <u>4</u>	X <u>200</u>	= <u>800</u>
HP = highest number of total claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

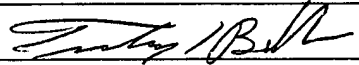
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	_____ (round up to a whole number)	x _____	_____

HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: <u>2 month extension of time</u>	<u>450</u>
<u>Supplemental Information Disclosure Statement</u>	<u>180</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller	Date	February 22, 2005		

Applicant Initiated Interview Request FormApplication No.: 09/872,539First Named Applicant: Mitchell T. BergExaminer: Mohammad A. SiddiqiArt Unit: 2154Status of Application: Pending**Tentative Participants:**(1) Timothy L. Boller(2) SPE(3) Examiner Mohammad A. Siddiqi(4) Ellen M. BiermanProposed Date of Interview: To be determinedProposed Time: a.m. applicant's time (AM/PM)**Type of Interview Requested:**(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated:

☐ YES☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>Claims 1-20</u>	<u>Colby et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>New Claims</u>	<u>21-44</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached**Brief Description of Arguments to be Presented:**Rejection of claims 1-20, new claims 21-44 and Applicant's arguments in support of allowance overColby et al.

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

Timothy L. Boller

(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

Timothy L. Boller

Typed/Printed Name of Applicant or Representative

47,435

Registration Number, if applicable



FEB 24 2005

EXPRESS MAIL NO. EV449559670US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Mitchell T. Berg
Application No. : 09/872,539
Filed : June 1, 2001
For : METHOD AND SYSTEM FOR COMMUNICATING AN
INFORMATION PACKET AND IDENTIFYING A DATA
STRUCTURE

Examiner : Mohammad A. Siddiqi
Art Unit : 2154
Docket No. : 700135.430
Date : February 22, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated September 20, 2004, please extend the period of time for response 2 months, to expire on February 20, 2005 (February 20, 2005 was a Sunday; February 21, 2005 was a Federal Holiday). Enclosed are a Petition for an Extension of Time and the requisite fee. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

02/28/2005 CNGUYEN 00000078 09872539

01 FC:1202
02 FC:1201

1200.00 OP
800.00 OP